

## Percy Elmer Moore (1899-1987)



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Over a 35-year career as a public servant, Dr. Percy Elmer Moore affected the course of native health care policy in the Canadian North more than any other single individual. As director of the Indian and Northern Health service programs of the federal Department of Health and Welfare from their inception in 1946 to his retirement in 1965, it was Moore who implanted a modern system of state-directed health care in the North.

Born in Oxford Mills, Ontario, in 1899, Percy Moore, after serving with the fledgling R.A.F. in World War I, received his Doctor of Medicine from the University of Manitoba in 1931. Upon graduation, Moore began what would become a career-long concern with native health issues by accepting

a position as medical superintendent of the Fisher River Indian Agency in Hodgson, Manitoba.

In 1938 he received a Doctor of Public Health degree from the University of Toronto and joined the Indian Affairs Branch of the Department of Mines and Resources as assistant superintendent of medical services. During the war he served as acting director of medical services for this branch. In 1946, after the Department of Health and Welfare was created, Moore was made director of its Indian and Northern Health Services. The challenge was to mobilize an immediate response to the grim health conditions facing Canada's Indian and Inuit peoples in the Canadian North. In typical Moore fashion, he responded aggressively to reports such as that

of Dr. G.J. Wherrett, who, working under a grant provided by the Rockefeller Foundation and concerned with health and hospital services in the Mackenzie River District of the N.W.T., documented the existing problems in northern native health care. These included: an extraordinarily high death rate among northern natives; the lack of medical attention in 84 percent of native deaths; the paucity of medical personnel available (six for the entire Western Arctic); the use made of medical officers for administrative purposes and Indian agents, which kept them from their medical duties; the absence of uniform public health ordinances and policy across the N.W.T.; the shortage of specialized equipment (caused by the refusal of the government to contribute toward the purchase of X-ray or other medical equipment); and generally an ad hoc approach to northern medical care, which was prepared to spend funds in dramatic "save a life" flights rather than on long-term preventive and curative care.

The crucial years in this post were 1946-55, when the department and Moore faced a number of challenges in their drive to modernize northern health services. For Wherrett, and later Moore, the voluntary sector, particularly the churches, were an obstacle to the implementation of a progressive health care system. While the churches had provided a start at dealing with the problem of native health care at a time when the government had accepted only limited responsibility for this matter, in the postwar era the concern was that inter-church competition (for example, in Aklavik) and the use of medical facilities for proselytizing had discouraged usage and led to underutilization of beds and duplication of services. Tuberculosis was the leading cause of mortality and morbidity in the North in 1946. The denominational hospitals desired to maintain general rather than specialized care. Moore, sitting on the Advisory Committee for the Control and Prevention of Tuberculosis among Indians, believed the latter to be the most necessary. Thus Percy Moore geared up to wrestle control of TB treatment from the missions and institute state-run case finding, immunization, and a southern Canada-based sanatoria treatment program. To this end Moore established the Eastern Arctic Medical Patrol, which for the first time placed X-ray facilities on board the ship of the Eastern Arctic patrol. Redundant military hospitals were purchased for the intermediate and rehabilitation care of native evacuees to southern hospitals, and the controversial BCG vaccine, then only selectively employed in southern Canada, was applied to all natives testing negative on one of the variety of skin tests used.

Complementing these actions regarding tuberculosis, Moore challenged the role of the churches in the operation of hospitals and rapidly implanted a system of state-run primary health care facilities, including nursing stations and lay dispensaries in the North. As well, he led efforts to interest non-governmental agencies in northern native health problems. For example, under Moore's direction studies were made by the Canadian Life Insurance Officers' Association in 1947 on health conditions in the James Bay area and McGill University did a study of nutritional conditions at Norway House, Manitoba, in 1945. Buoying the political efficacy of this activist strategy was the ability to claim and show in hard

numbers the progressive decline in the incidence of native death and morbidity from TB and other diseases. Dramatic budgetary increases (that is from \$1.3 million in 1943 to \$11 million in 1949) awarded Indian and Northern Health Services for their programs during this period are testimony to Moore's success.

For all these accomplishments, however, Percy Moore was not without his critics. Though G.J. Wherrett, writing in *The Miracle of the Empty Beds*, notes that the "outgoing and aggressive" manner of Moore enabled him to "make his demands known to his minister and in turn to officials of the Treasury Board," it was this very approach, informed by strong convictions and commitment to his cause, that alienated some church officials and, indeed, senior departmental personnel. In one exchange between the Anglican Bishop of the Arctic, Donald Marsh, and the Department of Health and Welfare, Moore is cited as being belligerent in opposing a northern-based sanatorium for TB treatment, a strategy advocated to lessen the negative social/psychological consequences for native peoples of southern care. The bishop then, in a letter to the minister responsible for northern administration, Jean Lesage, wrote, "I have come to the conclusion that the Department of Health and Welfare are not concerned with the true meaning of the two words (as far as the Eskimos are concerned) which make up the title of the Department." George Davidson, Deputy Minister of Welfare in the early fifties, commented on the negative consequences of Moore's activism in a letter to H.A. Young, Deputy Minister of Resources and Development, dated 21 January 1953: "the unfortunate fact, which is not always realised by people like Dr. Moore, is that strong statements made by him as to our shortcomings and inadequacies in meeting the problems of Canada's Northland are oftentimes twisted around by people who are antagonistic to what we are doing and converted into a condemnation of even the inadequate efforts that are now being made."

For Moore such criticism was subsumed by a powerful sense of mission. In his later years as a public servant, this mission led him to champion the native health care cause as chairman from 1956 to 1959 of the World Health Organization and persisted after his retirement from the public service in 1965, when he remained an active member of the Canadian Lung and Canadian Tuberculosis associations.

Dr. Percy Moore died of Alzheimer's disease on 15 April 1987. Along with his wife of nearly fifty years, Edna, and his daughter, Mary, he left the memory that his energy and vision had brought many of the health benefits associated with the welfare state to Canada's northern peoples. For this he deserves a prominent place in the history of northern social policy.

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